

BEST AVAILABLE COPY

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

A

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1						
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49						
50						
TOTAL INO.						
TOTAL DEP.						
TOTAL						

	INO.	DEP.	INO.	DEP.	INO.	DEP.
61						
62						
63						
64						
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69						
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71						
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97						
98						
99						
100						
TOTAL INO.	10					
TOTAL DEP.	82					
TOTAL	92					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

A

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
01						
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TOTAL IND.			22			
TOTAL DEF.			16			
TOTAL			38			

	IND.	DEF.	IND.	DEF.	IND.	DEF.
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99						
200						
TOTAL IND.						
TOTAL DEF.						
TOTAL						